Fill	I in this information	to identify your case:					J5/.	Check one bo	ox only as directed in thi	s form and in
D	ebtor 1	Tommir	Allen	Wells				_	••	
٦	COLOT 1	First Name	Middle Name	Last Name				⊻ 1. There is	no presumption of abu	se.
	ebtor 2 Spouse, if filing)	First Name	Middle Neme	Last Name				of abuse a	culation to determine if a	ler Chapter 7
	-		Middle Name						st Calculation (Official F	,
U	Inited States Bankr	uptcy Court for the:	Easter	n District of	Pennsylva	<u>nıa</u>			ans Test does not apply I military service but it o	
_	ase number f known)	24-11458							nis is an amended filing	
O f	ficial Form	122A-1					_			
Cł	napter 7	Statement	of Your	Curren	t Mont	thly Ir	nco	me		12/19
atta and oeca with	ch a separate sheet case number (if kase of qualifying this form.	et to this form. Includ nown). If you believe	e the line number that you are exem plete and file <i>Stat</i>	to which the a	additional in resumption	formation a of abuse b	applies. ecause	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		rital and filing status?	•							
		Fill out Column A, line								
		our spouse is filing v our spouse is NOT fi	-			2-11.				
		the same household		-		Column A ar	nd B. lir	nes 2-11		
				•					ng this box, you declare	
	under pe	enalty of perjury that your are living apart for reas	ou and your spous	e are legally s	eparated und	der nonbanl	kruptcy	law that applie	es or that you and your	
10 va ex	01(10A). For exam aried during the 6 r	ple, if you are filing or months, add the incom	September 15, the for all 6 months	e 6-month per and divide the	riod would be total by 6. F	March 1 th	rough . sult. Do	August 31. If the not include an	ile this bankruptcy cas ne amount of your mont ny income amount more ye nothing to report for	hly income than once. For
							Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).						\$1,827.06		
3.	Alimony and mains filled in.	intenance payments.	Do not include page	yments from a	spouse if Co	olumn B		\$0.00		
4.	your dependents unmarried partne roommates. Inclu	n any source which a s, including child sup er, members of your ho de regular contribution ents you listed on line	port. Include regulousehold, your depons from a spouse of	ar contribution endents, pare	is from an nts, and			\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00						
	Ordinary and neo	cessary operating expe	enses	- \$0.00						
	Net monthly incom	me from a business, p	orofession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (b	efore all deductions)		\$0.00	20010. 2					
	. `	cessary operating expe	enses	- \$0.00	-					
		- '		\$0.00		Сору				
	Net monthly incom	me from rental or othe	er real property	φυ.υυ		here →		\$0.00		
7.	Interest, dividend	ds. and rovalties						\$0.00		
	500, 517100110	,						<u>-</u>		

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DE	eptor 1	Iommir	Allen	Document	Page 2 o	f 3 Case no	imber (<i>it known</i>) 24-1145	08
		First Name	Middle Name	Last Name	1 3.9 - 3	Column A	Column B	ı
						Debtor 1	Debtor 2 or non-filing spouse	
	8. Unemp	oloyment compens	sation			\$0.00		
	Do not enter the amount if you contend that the a under			e amount received was a	a benefit			
	the So	cial Security Act. In	stead, list it here:		↓			
	For you	J		·····	\$0.00			
	For you	ır spouse		······				
	benefit do not United disabili retired that it o entitled	under the Social Sinclude any compe States Governmer ty, or death of a me pay paid under cha does not exceed the lif retired under an	decurity Act. Also, excensation, pension, pay it in connection with a ember of the uniformed apter 61 of title 10, the element of retired pay by provision of title 10	any amount received the pet as stated in the next, annuity, or allowance particles and isability, combat-related services. If you received include that pay only any to which you would ot other than chapter 61 of the space of the services and services.	t sentence, paid by the ed injury or ed any to the extent therwise be f that title.	\$0.00		
	Do no receive dome: the Ur injury list oth	t include any bene ed as a victim of a stic terrorism; or co nited States Govern or disability, or dea ner sources on a se	fits received under the war crime, a crime ago mpensation, pension nent in connection was a connection when the connection was a connection which was a connection was a connection which was a connection was a connection which was a connection which was a connection was a connection which was a connection was a connection which was a connection was a connection which was a connection which was a connection was a connection which was a connection	ve. Specify the source as Social Security Act; pagainst humanity, or interr, pay, annuity, or alloware uniformed services. If retention the total below.	nyments national or nce paid by related	\$34.91		
	Total amou	nts from separate p	pages, if any.			+	+	
				Add lines 2 through 10 to the total for Column		\$1,861.97	+	= \$1,861.97 Total current monthly income
Pa	art 2: Dete	rmine Whether	the Means Test A	Applies to You				monuny income
12.	Calculate yo	our current monthl	y income for the yea	r. Follow these steps:				
	12a. Copy	your total current m	nonthly income from li		Copy line 11 here →	\$1,861.97		
	Multip	lv bv 12 (the numb	er of months in a yea	r).			L	
	12b The re	sult is vour annual	income for this part of	of the form			[
		·	·				12b.	\$22,343.64
13.		•	••	you. Follow these steps	S:			
	Fill in the sta	ate in which you live	Э.	Pennsylvania				
	Fill in the nu	mber of people in y	our household.	1				
				13.	\$66,923.00			
		of applicable medi for this form. This li						
14.	How do the	lines compare?	•	. ,				

Go to Part 3 and fill out Form 122A-2.

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor 1

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Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Tommir Allen Wells

Signature of Debtor 1

Date 05/14/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.